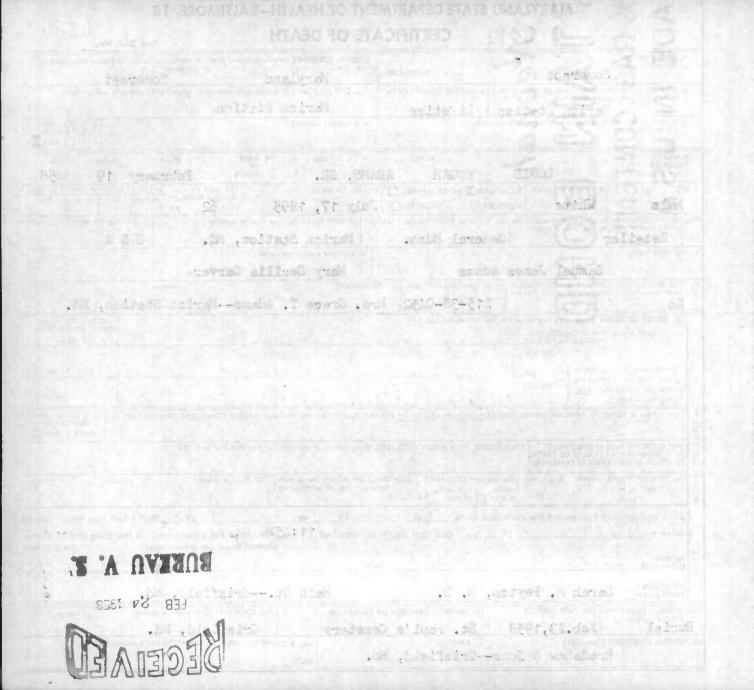
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	- W.M.	II CEKIIII	CATE OF	DEATH			Reg. Dist. 1	No.	00 8
. PLACE OF DEATH o. COUNTY	Somerset	MARYLA	ND O. STATE	arvland	re deceased live	b. COUNTY	on: Residence b	efore admiss	sion)
RURAL and give nea	outside corporote limits, worest town) Arion Static		Th c. CITY OR		side corporate	limits, write RI	JRAL ond give	nearest tow	n)
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, give s	treet address)	d. STREET						SIDENCE A FARM? NO
NAME OF DECEASED (Type or print)	First	Middle EDGAR	ADAMS, SR		4. DATE OF DEATH	Moni Febr			Yeor 19 58
. sex Male	White win	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIR	тн • 1895	lo	GE (In years part birthday) 2 yrs.	IF UNDER 1 YE Months Day	AR IF UND	
Oa. USUAL OCCUPATION during most of working Retailer	ng lire, even it retired)	106. KIND OF BUSINESS OR I			foreign country		US A	OF WHAT	COUNTRY
3. FATHER'S NAME			14. MOTHER	'S MAIDEN NA	ME				3 11
	Samuel James	Adams	Mar	y Cecil	ia Car	ver			
	IN U. S. ARMED FORCES? yes, give war or dates of service!	16. SOCIAL SECURITY NO.	17. INFORMANT			Addr	ess		
No		215-38-0452	Mrs. Gra	ce T. A	dams-l	Marion	Station	n, Md.	
		per line for (o), (b), and (c).]						TERVAL BE	TWEEN
	H WAS CAUSED BY: IMMEDIATE CAUSE (o)	Mussaul	wil to	el.			0	NSET AND	DEATH
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Conditions, if ony		Many Parkers	us su	Longote	one			42	ala
gove rise to im couse (o), stoting th	mediate (-1.797,		4-	
lying couse lost.	(c)	Myocardial	Sular	p fun	_			7 2	- V
PART II. OTHE	R SIGNIFICANT CONDITIC	INS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	O THE TERMINA	AL DISEASE CO	NDITION GIVE	N IN PART 1(o	PERFO	AUTOPSY DRMED?
20a. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCU	JRRED. (Enter noture	of injury in Po	rt I or Port II of	item 1B.)			
20c. TIME OF INJURY Hour o. m. p. m.	W	Od. INJURY OCCURRED 204 Thile Not while work of work	e. PLACE OF INJURY foctory, street, office	(Home, farm, ce bldg., etc.)	20f. (City or to	own)	(Count	ly)	(Stote)
21. I certify tha	t 1 attended the dec	eased from QA	20,195	7. to 7	1.19	1 195	that I last	saw the	decease
alive on 4 ch.	.19	25% and that de	eath accurred at	11:45F	M. from the	e Culises ui	nd on the c	late state	d above
0	0	1			ORESS (Street,				ATE SIGNED
ACTUAL SIGNATURE	woh m. 1	exton	_м.р. 33	W.71	Coming to	Cri	fuldin	1 2/	22/5
PHYSICIAN'S NAME (Type) S	arah M. Peyt	on, M. D.	M	ain St.	Crisf	field,	Md.		
O. BURIAL, CREMATION,	, 22b. DATE THEREOF	22c. NAME OF CEMETER	RY OR CREMATORY	2	2d. LOCATION	(City, town, or	county)	(State	e)
Burial	Feb.23,1958		Cemetery		Crisfi	eld, M	d.		
. FUNERAL DIRECTOR'S		ADDRESS	141	24a. REC'D	BY REGISTRAR	24b. REGIS	TRAR'S SIGNAT	URE	
В	rausnaw & So	ns-Crisfield,	Md.	DATE		10.	-	9	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 - MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE Maryland files. Heolth, Somerset b. COUNTY Somerset. MARYLAND b. CITY OR TOWN (It autside corporate limits, write RUFAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) rector. and give negrest town) your daf h Lifetime Marion Marion d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Rural Rural e funer retains State death. 3. NAME OF First Middle last 4. DATE Month DECEASED February WITLSON COLLINS (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR 35 Months Doys Male Negro WIDOWED T Nov. 22. 1922 DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even it retired) 12. CITIZEN OF WHAT COUNTRY? Maryland USA Laborer Seafood 24 haurs of Bive Pages form PM3. poges 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harrison Collins Virgie Taylor File 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Mrs. Virgie Collins, Box 16, Marion, Md. No None Ë flem 18. along wi 18. CAUSE OF DEATH | Enter only one cause per life for (o), (b) and (c). per PART I. DEATH WAS CAUSED BY: Office DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED PART II. OTHER SIGNIFICANT CONDITIO used 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of international of fart 100 jet 100 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY factory, street, office Hour o. m Not while 3 Poge at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection . Inquiry . rorded ECTOR: opinion death resulted from: Natural causes Accident Suicide . Homicide . Undetermined monner ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** William H. Coulbourn. M. D. should FUNER DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Crisfield, Md. Lawsonia Cemetery Burial

02398

e. IS RESIDENCE ON A FARM?

YES NO

Year

IF UNDER 24 HRS

Hours

YES []

NO

(Stote)

and in my

DATE SIGNED

(Stole)

24b. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

DATE FEB 2 4

1958

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23. FUNERAL DIRECTOR'S SIGNATURE

Bradshaw & Sons, Crisfield, Md.

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Lawsonia Cometery

CERTIFICATE OF DEATH

02399 Reg. Dist. No.

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1. Pi	ACE OF DEATH COUNTY	ERSET		MARYLA		o. STATE		nere deceased	d lived. If inst b. COU				SE T	
1	RURAL and give near		s, write	c. LENGTH OF STAY IN		. 20	ION	~	rote limits, wr	ite RU	RAL ond	give nec	arest town	n)
d.	OR INSTITUTION	L (If not in hospital, gi		oddress)	SP.	d. STREET AL		DIA	1 1 014					FARM?
D	AME OF ECEASED ype or print)	firs IDA	1	MAE Middle	C	lost		4. DATE OF DEATH	FEBR	Month UA		00		Year 19 58
5. SE	EMALE		7. MARR	NEVER MARRIED ED DIVORCED [1 1	DATE OF BIRTH	885		9. AGE (In yellast birthde	pors 1 py) yrs.	F UNDER Manths	Doys	IF UND	R 24 HRS. Min.
L	during most of workin HOUSEWIF	ig life, even if retired)	one 10b.	Own home		0	HIO		ountry)				A.	COUNTRY
13. F	ATHER'S NAME	dichard Ne	son	Forsyth		14. MOTHER'S Benai		iame reons						
	VAS DECEASED EVER		ES? 16.	SOCIAL SECURITY NO. 13-22-7548A	17. INFO	_	ONNI	ER,	MARI	Addre	~	ATI	ON,	MD.
	PART I. DEATH 260 X Conditions, if ony gove rise to im- cause (o), stoting th lying couse last.	mediate (Olus Olus	wholes of	nec ne Me	eleter elete	Thur	Telu co n	encis	ul	er ete	W /	ear	
CERTIFICATION	PART II. OTHE	R SIGNIFICANT CONE	elle	CONTRIBUTING TO DEATH	LUE BUT NO	TRELATED TO			E CONDITION			RT 1(a) 1	PERFC	AUTOPSY ORMED?
	200. ACCIDENT WAS OR CONTRIBUTING [IF EITHER, NOTIFY M	UNDERLYING [] CAUSE OF DEATH LEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	URRED. (Enter nature of	injury in I	Port I or Port	t II of item 18.)				45
MEDICAL	Hour P. m. C	Month, Day, Yea 2 / 2 195	r 20d. It While of worl	Not while	PLACE factor	OF INJURY (H y, street, affice	lome, form bldg., etc.	, 20f. (City	or town)		(County)		(State)
	21. I certify tha alive on	t 1 attended the 2	decease _, 19_>	ed from Jaies SE, and that de			51/2	_M, from	n the cause	es an	d on t		te state	
	PHYSICIAN'S NAME (Type) GE	EORGE C.	Co	ULBOURN,	M.I).,	MAR	ION	Stati	ON	, M	AR 1	YLA1	VD.
220.	BURIAL, CREMATION, REMOVAL (Specify) BURIAL	2/6/58	F	St. Paul's					non (city, to			1, /	(Stat	(e)
23. FI	Bradshaw	SIGNATURE & Sons. Co	risfi	ADDRESS			24a. REC'I	BY REGIST	RAR 26	EGIST	RAR'S SI	GNATU	RE	

TO HOSPITAL OR VS A15 (4) 15M 10/57 CERTIFICATE OF DEATHT

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MAKELARIS STATE BEFARE FOR THE OF HEALTH PLATE BY A STATE

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6/2			2414	EXAMINER		FICATE				Dist. No	
1. PLACE OF	SOMERSE	T		MARYLAN	O STATE	SIDENCE (Where	decease	b. COUN		idence bel	fore admission)
b. CITY Of	TOWN (If outside co		RURAL C.	LENGTH OF STAY IN T	c. CITY OF	R TOWN (If outs	ide corpo	role limits, writ	RURAL	nd give n	eorest town)
PRIN	CESS AN	INE		LIFE TIVE	X PRI	NCESS	ANNE				
d. NAME (F HOSPITAL OR II	INSTITUTION (IF	not in hospita	I, give street oddress)	d. STREET	ADDRESS					on a FARM
3. NAME OF DECEASEE (Type or p	int)	NANC NANC	X	Middle	COTTMAN		DATE OF DEATH	Mon	th	Doy 27	Year 1958
5. SEX FEMAL	man programme	OT ODED	MARRIED [NEVER MARRIED DIVORCED DIVORCED		OWED	9	AGE (In years lost birthday)	Months	Days	IF UNDER 24 HE Hours Min.
10o. USUAL (during mor	CCUPATION (Give of working life, e	e kind of work de even if retired)	GAT	O OF BUSINESS OR INDI	1 200	RYLAND	reign ça	onlry)	12. C	U &	A .
13. FATHER'S				rad Ethiotox	14. MOTHER'S	MAIDEN NAME					
SMIT	H STEVE	ENSON			MARTH	A CURT	IS	1			
15. WAS DEC	EASED EVER IN U.	. S. ARMED FOR		CIAL SECURITY NO. 17	. INFORMANT			Addres	4		
					MAZIE J	OHNSON	PRI	NCESS	ANNI		
	E OF DEATH [Ente		per line for	(a), (b), and (c),]	11	10				ONSE	T AND DEATH
	IMMEDI.	ATE CAUSE (o)	Clau	16 10 1011	ay He	uts	الما	LARC	•	1	11.
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couse le		HEICANIT COND	TIONIS CONITI		TALOT DELATED TO	THE TODAY	DICEACE	COLIDITION			
NOITA Conse la	RT II. OTHER SIGN		ITIONS CONTI	RIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL	DISEASE	CONDITION G	IVEN IN PA		PERFORMED?
O O PA				OW INJURY OCCURRED					VEN IN PA		PERFORMED?
O O DE COUSE IN PARTIE DE COUSE	RNAL CAUSE WAS OF CONTRIBUTI		. DESCRIBE HO	DW INJURY OCCURRED JRY OCCURRED 20e. F		njury in Part I or		f ilem 18.)			PERFORMED? YES NO
NO LAST CAUSE IN PART CAUSE OF THE PART CAUSE OF	RT II. OTHER SIGN RNAL CAUSE WAS OF CONTRIBUTI F DEATH. OF INJURY M G. m. p. m.	SING 20b	20d. INJU While at work	DW INJURY OCCURRED JRY OCCURRED 20e. F	LACE OF INJURY (Hame, form, 20	Part II a	f ilem 18.)	(0	Caunty)	PERFORMED? YES NO
NOTE TO THE PRIMARY CAUSE COURSE IN PART CAUSE COURSE IN PART CAUSE COURSE COUR	RT II. OTHER SIGN RNAL CAUSE WAS OF CONTRIBUTI F DEATH. OF INJURY M G. m. p. m.	Aonth, Day, Yeor	20d. INJU While at work [DW INJURY OCCURRED JRY OCCURRED Roll while of work orins described al	LACE OF INJURY (Hame, farm, 20 a bidg., etc.)	Part II o	filem 18.} or town)	(C	County)	PERFORMED? YES NO
NOTE TO THE PRIMARY CAUSE COURSE IN PART CAUSE COURSE IN PART CAUSE COURSE COUR	RNAL CAUSE WAS OF CONTRIBUTIF DEATH. OF INJURY M OF INJ	Aonth, Day, Yeor	20d. INJU While at work [DW INJURY OCCURRED JRY OCCURRED Roll while of work orins described al	LACE OF INJURY (potory, street, office	Hame, farm, 20 a bidg., etc.)	Part II o	r town)	(C	County)	PERFORMED? YES NO (Slote
COUSE IN PAINT OF THE PRIMARY CAUSE COUSE IN Horacon the couse of the	RT II. OTHER SIGN RNAL CAUSE WAS or CONTRIBUTI F DEATH. OF INJURY o. m. p. m. prify that I to resulted fram:	Aonth, Day, Yeor	20d. INJU While at work [DW INJURY OCCURRED JRY OCCURRED Roll while of work orins described al	LACE OF INJURY (potory, street, office bove, held an	Hame, farm, 20 a bidg., etc.)	Part II a Of. (City of Institute In	r town) pectian determined	Inqu cause [County)	PERFORMED? YES NO
O DE COUSE IN PRIMARY CAUSE COUSE IN Hor	RNAL CAUSE WAS OF CONTRIBUTED FOR THE PROPERTY OF THE PROPERTY	Aonth, Day, Yeor	20d. INJU While at work [DW INJURY OCCURRED JRY OCCURRED Roll while of work orins described al	LACE OF INJURY (potory, street, office bove, held an fuicide, F	Home, form, 20 bldg., etc.) Autopsy Homicide	Part II o	r town) pectian determined	(C	County)	PERFORMED? YES NO (Slote
COUSE IN PAINT OF THE PRIMARY CAUSE COUSE IN Horacon Couse In Paint Of The Paint Of	RT II. OTHER SIGN RNAL CAUSE WAS OF CONTRIBUTI F DEATH. OF INJURY OF INJU	Aonth, Day, Yeor	20d. INJU While at work [DW INJURY OCCURRED JRY OCCURRED Not white from the property of the property	LACE OF INJURY (polory, street, office bove, held an cuicide, h M.D. CHIEF A ASSISTA	Hame, farm, 20 a bidg., etc.) Autopsy Homicide	Part II o Of. (City o Ins. Und	r town) pectian determined	Inqu cause [County)	PERFORMED? YES NO (Slote)
ZOG. EXTIPERIMARY CAUSE C TO STANDARY C	RT II. OTHER SIGN RNAL CAUSE WAS OF CONTRIBUTI F DEATH. OF INJURY OF INJURY OF INJURY F a. m. p. m. Prify that I to resulted fram: CREMATION, 22b. CREMATION, 22b.	Aonth, Day, Yeor	20d. INJU While of work of the remouses	DW INJURY OCCURRED JRY OCCURRED Not white from the property of the property	LACE OF INJURY (potory, street, office bove, held an puicide, H	Home, form, 20 a bidg., etc.) Autopsy domicide wedical examitations wedical examitations wedical examitations and medical example.	Part II o Of. (City o , Ins. , Und NER (AMINER	r town) pectian determined	Inquicause [county)	PERFORMED? YES NO (Slote)
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200. EXTIPERATE ACTUAL SIGNATI EXAMINAME (220. BURIAL EXAMINAME (220. BURIAL EXAMINAME (220. BURIAL EXAMINAME (221. I C	RT II. OTHER SIGN RNAL CAUSE WAS or CONTRIBUTI F DEATH. OF INJURY or m. p. m. priffy that I to resulted fram: ER'S CREMATION, 22b. (Specify) 22b.	Aonth, Day, Yeor 19 oak charge Natural c	20d. INJU While of work of the remouses	DW INJURY OCCURRED JRY OCCURR	LACE OF INJURY (potory, street, office bove, held an puicide, H	Home, form, 20 a bidg., etc.) Autopsy domicide wedical examitations wedical examitations wedical examitations and medical example.	Port II o Of. (City of Ins. Und NER CAMINER LOCATIO	pectian determined	Inquicause [County) Irry (1)	(Slote) RYIAND

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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PH. Johnson

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BUREAU V. E.

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VS A15 (4)

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MARY	LAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Somerset MARYLAND Marvland Somerset b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Crisfield Crisfield Years d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? RFD YES NO NAME OF First 4. DATE Middle Lost Month Yeor DECEASED JOHN COLE DOHAVEN February 5. 19 58 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Male March 2, 1899 White WIDOWED IX DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Contractor Masonry Belair, Maryland USA B. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles J. DeHaven Ruth E. Stewart 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address No Caroline DeHaven, Crisfield, Maryland 219-03-5712 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 (F WAS AUTOPSY PERFORMED? YES NO P 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b_DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (State) foctory, street, affice bldg., etc.) o. m. While Not while at work at work 19.5% that I last saw the deceased 21. I certify that I attended the deceased fram, and that death accurred at 12,30PM, from the causes and on the date stated above ADDRESS (Street, city or town, state) ACTUAL 12an. M.D. PHYSICIAN'S A. N. Barr. M. D. Crisfield, Maryland NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 2-8-58 Crisfield, Maryland Sunnyridge Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR Bradshaw & Sons, Crisfield, Maryland DATE

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e funeral director, 2 should be filed with

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after death. Page 4

(1241)2

CERTIFICATE OF DEATH

	D\$00		Reg.	Dist. No.
1. PLACE OF DEATH o. COUNTY Spmerset	MARYLAND	II o STATE	deceased lived. If institution: Res	idence before admission) Omerset
b. CITY OR TOWN (If outside corporate RURAL and give nearest town) Cristiel	d Lifetime	c. CITY OR TOWN (If outsi	ide corporote limits, write RURAL o 1d	and give nearest town)
d. NAME OF HOSPITAL (If not in hospite OR INSTITUTION 109 C)	ol, give street oddress) rockett Ave.	d. STREET ADDRESS	ckett Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CLAREN	First Middle CE CHRISTOPHER	EVANS 4.	DATE Month February 8	Day Yeor
5. SEX Male 6. COLOR OR RA White	WIDOWED DIVORCED	8. DATE OF BIRTH May 8, 1912	ds birthday) Mont	DER 1 YEAR IF UNDER 24 HRS. hs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wedgering most of working life, even if retaborer	ork done 10b. KIND OF BUSINESS OR INE	USTRY 11. BIRTHPLACE (Stole or f		CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Steway	rd L. Evans	14. MOTHER'S MAIDEN NAM Belle Maddr		
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) Yes (If yes, give wor or defect WW 11	of service)	INFORMANT Irs. Sallie Mae	Evans, Crisfield	d, Maryland
18. CAUSE OF DEATH [Enter only on PART I. DEATH WAS CAUSED F. IMMEDIATE CAUS DUE Conditions, if ony, which gave rise to immediate couse (o), storing the under-	BY: E (o) Chronic TO (b) Reality	Negles to		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH (0		PART I(a) 19. WASAUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINE 20c. TIME OF INJURY Month, Doy, Hour a.m.	Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 2) octory, street, affice bldg., etc.)		(County) (State)
21. I certify that I attended a dive on 7. 8. ACTUAL SIGNATURE SATAL STANKE (Type) PHYSICIAN'S NAME (Type) Sarah M.	the deceased from the decident of the least of the Peyton, M. D.	M.D. 33 W. YV		I last sow the deceosed the date stoted obove DATE SIGNED
220. BURIAL, CREMATION, 22b. DATE THE SEMOVAL (Specify) 2-11-	ELC: TWINE OF CERETERY		d. LOCATION (City, town, or count Crisfield, Mary	
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons,	ADDRESS Crisfield, Maryland	240. REC'D 8) DATE CER	- 0	SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retained by the haspital or attending physician.

Defuneral STOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death. TO FUNERAL

VS A15 (4) 15M 10/57

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VS A1S (4) 15M 9/5S

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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2416 CERTIFICATE OF DEATH

g Dist No. (1241)3

77.4.4	9			Log. Dis	. 140.
1. PLACE OF DEATH o. COUNTY Somerset	MARYLAND	2. USUAL RESIDENCE (WE o. STATE Maryland	b. ÇQU	titution: Residence	e before admission)
b. CITY OR TOWN (If outside corporate limits, we RURAL and give nearest lown) Fairmount	c. LENGTH OF STAY IN 1b	E. CITY OR TOWN (IF C	outside carparate limits, wr		ive nearest town)
d. NAME OF HOSPITAL (If not in haspital, give s OR INSTITUTION	treet oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF First DECEASED (Type or print) Fred		d Sr.	4. DATE OF DEATH Feb.	Month 24	Day Year 19 58
		B. DATE OF BIRTH 4-19-1886	9. AGE (In ye	ears IF UNDER 1 Dy) Months [YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Liquor dispensary 13. FATHER'S NAME	10b. KIND OF BUSINESS OR INDUS	Marylan	ıd	31 - 31	S.A.
Thomas Ford	H - E A TOTAL	Clara Fo			
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT		Address	
(Yes, no, or unknown) (If yes, give war or dates of service)	218-14-2579 M	rs. Fred Fo	rd Sr. Fei	rmount	. Md.
1B. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	er line for (a), (b), and (c).] Intracapillary				INTERVAL BETWEEN ONSET AND DEATH YORKS
Conditions, if any, which gove rise to immediate case (a), stating the underlying cause last. (b) DUE TO (c)	Diabetis				years
<u> </u>	ed arterioscleros	is			1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in f	Part I or Part II of item 1B.		
Hour o. m.	Od. INJURY OCCURRED /hile Not while foc	ACE OF INJURY (Home, form tory, street, office bldg., etc.	20f. (City or town)	(Co	ounty) (State)
21. I certify that I attended the decolive on 2=24=58 1 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Everett Clay	Sulle	occurred at 8P		es and on the wn, stote)	e date stated above DATE SIGNE
220. BURIAL, CREMATION, REMOVAL (Specify) Durial 22b. Date Thereof 2-26-1958	22c. NAME OF CEMETERY OF		22d. LOCATION (City, tow		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		Fairmoun By REGISTRAR 246 R	EGISTRAR'S SIGN	NATURE

	TE OF DEATH	ADRITUDE	
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8961 9 8VV		in the state provided	
DECENTED	er the second case.	e.est Theoremount Avenue and Autoo, 11	

Somerset Somerse Mdi Cristield Crisfiell William Handy Nov. 11, 1886 Male Cristnell 21.S.A. Laborer Mary Wright Semue! Wallace Handy MISTOWNSONLST. Chester BUREAU V. S. SEEL E HAM Burial 2/27/88 Handrial Marion Sta San Co. Met Charles H. Ward - Marion Star, Md

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 . 2417

CERTIFICATE OF DEATH

Reg. Dist. No.

02495

1.	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where de	ceased lived. If institution: Residence	before admission)
L	SOMERSET	MARYLAND	MARYLAI	VD SOME.	RSET
	 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 			corporate limits, write RURAL and give	re nearest town)
	CRISFIELD	6 DAYS	X MARION	STATION	
	d. NAME OF HOSPITAL (If not in hospital, give str. OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
-	DWARD W. MCCREADY	MEMORIAL	1 4		YES MO 🖸
3.	NAME OF DECEASED (Type or print) First UGE.	Middle MF H	JOHNSON 4. D	E	23 1958
5		ARRIED NEVER MARRIED	8. DATE OF BIRTH	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	YEAR IF UNDER 24 HRS.
	26	OWED DIVORCED	12-10-1884	9. AGE (In years lost-bisthday) Months D	lays Hours Min.
10	a. USUAL OCCUPATION (Give kind of work done 1	Ob. KIND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE (State or fore	eign country) 12. CITIZ	EN OF WHAT COUNTRY?
17	during most of working life, even if retired) ARMER - CARPENTER		MARYLANI	0	U.S.A.
12	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	JAMES JOHNSO	N	BEULA!	H-CHELTON	
	. WAS DECEASED EVER IN U. S. ARMED FORCES?		INFORMANT	Address	
-	(es no. or unknown) (If yes, give wor or dates of service)	M	RS. BEULAH J	OHNSON - MARI	ON STATION
	1B. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY:	er line for (o), (b), ond (c).]	land ac	and x	INTERVAL BETWEEN
	IMMEDIATE CAUSE (o)	coura D	avena	raunt	6 day
	d60× DUE TO	A . 1 1	7+ 1		
1	Conditions, if ony, which (b)	Visbetin 6	coloresclissers	ب	
1	gove rise to immediate couse (a), stating the under-				
	lying couse lost. (c)				
2	PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BL	TNOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
) [4	492x Serile Desc	mution.	Virus Infection	i. Preumoma	YES NO D
CEPTIEICATION	200. ACCIDENT WAS UNDERLYING 100.	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of Injury in Port 1	or Port 11 of item 1B.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20 Hour o. m. 19 of		LACE OF INJURY (Home, form, 20) actory, street, office bldg., etc.)	r. (City or fown) (Co	ounty) (Stote)
	21. I certify that I attended the dece	agend from File /	7 1058 in Feb	-23 , 1958, that I lo	et cau the decogned
	F1 17				
	olive on 1-45- 23 1	9222, and that deol		from the couses and on the	e dote stoted above.
	ACTUAL O T	2	ADDR.	ESS (Street, City or fown, store)	2 /24/~
	SIGNATURE CI-M.	sen .	M.D. Cuful	1, 19.	727/58
	PHYSICIAN'S NAME (Type) A. N. BARR.	M.D.	CRISFIE	LD, MARYLAND	
2	20. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY 22d.	LOCATION (City, town, or county)	(Stote)
	REMOVAL (Specify)	St. Paul's	Cema M	arion Station, Ma	rvland
23	. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY		
	Bradshaw & Sons, Main S	t. Crisfield.	r.a	0/	
	Diadolian (colle inatil	01, 01 101 101 4,	DATEMAR 3	'58 Iffelan	4

CERTIFICATE OF DEATH



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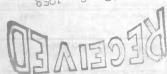
CERTIFICATE OF DEATH 2418

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	44 4 BWI 44 ID	2. USUAL RESIDENCE (Whe	re deceased lived. If institution b. COUNTY	~	
SOMERSET	MARYLAND	MARY	LAND	SOMERSE	T
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write R	URAL and give nearest tov	vn)
CRISFIELD 7 D	AYS	39 CRIS	SFIELD		
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION		d. STREET ADDRESS		e. IS RE	SIDENCE
EDW. W. McCREADY MEMORIA	L Hosi	· / Box	183		A FARM?
3. NAME OF First	Middle		4. DATE Mon	th D	Van
DECEASED (Type or print) LITETIAM	ELWOOL		OF DEATH FEBRUA		158
5. SEX 6. COLOR OR RACE 7. MARRIED NEVEL		8. DATE OF BIRTH		IF UNDER 1 YEAR IF UND	
	DIVORCED []	2-17-58	last birthdoy)	Months Days Hours	
111111111111111111111111111111111111111			yrs.	1/	
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	SINESS OR INDUS	TRY 11. BIRTHPLACE (State of	r fareign country)	12. CITIZEN OF WHA	
INFANT		MAR YL	AND	U.S.	4.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA			
WILLIAM CLAYTON LAIRD		GLADYS M	AE MATTHEW	IS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU	RITY NO. 17. II	FORMANT	Addr	ess	
(Yes, no. or unknown) (If yes, give wor or dates of service)	GI	ADYS LAIRE	. Rox 183.	CRISFIE	LD. MD
IN CAUSE OF PEARL ES		210 20 20-2100	9 2011 2009		
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY:				ONSET AN	D/DEATH
IMMEDIATE CAUSE (a)	moun				tho.
/63.5 DUE TO	45-1	/ /			1
(b) Canditions, if any, which) (b) I sema	tuly (2 lhs 44		6 de	3 ye
gave rise to immediate ouse (a), stating the under-	1	0			/
lying cause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS	AUTOPSY
ĮŠ				PERF	ORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NJURY OCCURRED). (Enter nature of injury in Pa	ort I ar Part II of item 18.1	153	1 110
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	200 814	CE OF INJURY (Hame, form,	Tons 16:		
Hour o. m. While _ Not while	le foc	tary, street, office bldg., etc.)	20f. (City or fawn)	(County)	(Stote)
p. m. 19 at wark at wark					
21. I certify that I attended the deceased from 2	/17	, 19 58 to 2=	24- 19 50	that I last saw the	deceased
alive an FEB = 24 19 58 and	d that death	occurred at 12:50	PArom the causes of	nd on the date stat	ed above
			DDRESS (Street, city or town,		ATE SIGNED
SIGNATURE G. n. Ban M. &	7	A.D. CRISFIE	2.6	2/2	1-/25
SIGNATURE 01-11, 1000, 111-80	,	A.D	HD. III.		3/00
PHYSICIAN'S A. N. BARR, M.D.,		CRISFIE	ELD, MARYLI	AND	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME (OF CEMETERY OF	CREMATORY	22d. LOCATION (City, town, a	r county) (Sta	tel
REMOVAL (Specify) Burial 2-25-58	Crisfie		Crisfield, M		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS				TRAR'S SIGNATURE	
Bradshaw & Sons, Main St., Crist		3		a sicianione	
Di daditar di dotto i fidelli do i di 151	LLOZU, IN	DATE M	AR 3 '58 CL	reduch	

VS A15 (4) 15M 10/57

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BUREAU V. E.

1SM 10/57

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY SO CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) e. IS RESIDENCE ON A FARM? YES NO T Day Year 1930 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO D (County) (Stote) that I last saw the deceased from the couses and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 22d. LOCATION (City, town, or county) (Stote)

MITARIO STADISTRIO 115 SOMERSE SOMESEL Appertainered 8 Mes. Hopertill Harris Hursing Home William Maddox Feb. 1 Male Negro January 1873 85 Upperhill (1.5.7) Castelian Anna Sudler Thoma Maddox Emma Maddox Upperhilly Alles None

BUREAU V. E.

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Purial 2/9/88 St. Andrews Charles H. Wardson Navienstay Md. e funeral director,

page 3 should TO FUNERAL

VS A15 (4) 15M 10/57

the registror

2420

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

02408

					Keg. DIST, NO	
1. PLACE OF DEATH o. COUNTY	Somerset	MARYLAN	O STATE SE	there deceased lived. If institution b. COUN		
b. CITY OR TOWN (If RURAL ond give ne	outside corporate limits, varest tawn) Fairmount	c, LENGTH OF STAY IN 1	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give ne	carest town)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give Rural	street address)	d. STREET ADDRESS	. 4th St.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First JULIA	Middle	MARION Lost	T	Nonth Do	
5. SEX Female	37	MARRIED NEVER MARRIED		9. AGE (In year last birthday	IF UNDER 1 YEAR Manths Days	IF UNDER 24 HRS. Hours Min.
100. USUAL OCCUPATIO during most of worki Housewife		Own home		e or foreign country)		OF WHAT COUNTRY
13. FATHER'S NAME	Edward Hors	ey	14. MOTHER'S MAIDEN Addie Ward			
	IN U. S. ARMED FORCES' If yes, give wor or dates of service None)	Nora Brown, 21		ddress isfield, l	Md,
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO TO, which The mediate (b)		aculan ac	cident.	1	ERVAL BETWEEN SET AND DEATH Whouse mount
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY I	Inquite	ONS CONTRIBUTING TO DEATH I			SIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO 1
	CAUSE OF DEATH MEDICAL EXAMINER) Month, Day, Year		PLACE OF INJURY (Home, for foctory, street, office bldg., et	m, 20f. (City or town)	(County)	(State)
actual SIGNATURE	n. 9	on, m.D.	M.D	M, from the causes ADDRESS (Street, city or town Crafuld, Md.	and an the da	aw the deceased the stated above DATE SIGNED
270. BURIAL, CREMATION BEEMQVAL (Specify)	2-27-58	22c. NAME OF CEMETERY Lawsonia C	OR CREMATORY	22d. LOCATION (City, tawn Crisfield,		(Stote)
23. FUNERAL DIRECTOR'S Bradshaw &	Signature Sons, Crisf	ADDRESS ield, Md.	24a. REC		GISTRAR'S SIGNATUR	RE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		491	CERTI	FICA	ATE OF DE	HTA			Reg. Dist.		子识识
1. PLACE OF DEATH	Somerset		MARYI	LAND	2. USUAL RESIDER	NCE (Where	deceased liv	ed. If institution b. COUNTY		refore adm	ission)
b. CITY OR TOWN (RURAL and give o	(If outside corporate lime earest town) Crisfield		LENGTH OF STAY	IN 1b	c. CITY OR TO	WN (If outsice is a second of the control of the co		limits, write R	URAL ond give	nearest to	wn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, good N. 3rd	st.	ress)		d. STREET ADD	ORESS D1 N.	3rd St			ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	CLARA		Middle HOLTO	N	QUINN		DATE OF DEATH	Mon ebruar		Day	Yeor 1958
5. SEX Female	6. COLOR OR RACE White	WIDOWED [DIVORCED			1884		73 yrs.	Months Day		+
during most of wor Housewife	ON (Give kind of work king life, even if retired	done 10b. KIN	of business of home	R INDUS	Ohio	E (Stote or fo	oreign count	γ)	12. CITIZEN		AT COUNTR
13. FATHER'S NAME	George Ho				14. MOTHER'S M	Benso					
15. WAS DECEASED EVI (Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s None	CES? 16. SOC	None		operant L. C	luinn,	201 1	Addr I. 3rd		isfie	ld, M
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c		1/		ronia					NTERVAL I	BETWEEN ID DEATH
Conditions, if a	mmediate ()	000		ya-					11	,
ZOg, ACCIDENT W	the under-	DITIONS CON	let	130	NOT RELATED TO THE	t. 21	4 4	ra-	EN IN PART 1(a	19. WAS PERF YES	ORMED?
	RY Month, Day, Ye	or 20d. INJUR While at work	Not while	20e. PLA fac	ACE OF INJURY (Hor tory, street, office bl	me, farm, 2 ldg., etc.)	Of. (City or	town)	(Coun	ty)	(Stole)
	1	19.28 Cant	from Qu.	g_s_ death	19 52 , accurred at 7	Lucy Lucy	l, fram to RESS (Street	ne causes a city or town, and a Md.	nd on the	saw the	ted abay
220. BURIAL, CREMATIC BURIAL (Specify)	2/25/58		c. NAME OF CEME					(City, town, o		(Sto	ote)
23. FUNERAL DIRECTOR Bradshaw &		field.	ADDRESS Md.			ATE MAR		246 REGIS	TRAR'S SIGNA		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 moy be retained by the haspital ar attending physician.

• FUNERAL TOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs ofter death. TO FUNERAL VS A15 (4) 15M 10/57

Bradshaw & Sons.

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		THE CO. P. L.		
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Park State State State	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		# 640 IT FOC	
February 22, 1		- poryon V		
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	mented defeat	- 100 - 100	ofen econol	
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BUREAU V. 3				
BUREAU V. S	On the J		d. B. Rayley	
BUREAU V. S			d. B. Rayley	

death.

HOSPITAL

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O FUNERAL

CTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauls be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any every within 72 haurs after death.

may be retain TO FUNERAL

VS A15 (4) 1SM 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

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	47	264						Keg. Dis	r. No.	
1. PLACE OF DEATH o. COUNTY	Somerset		MARYLANE		Maryla		lived. If institution b. COUNTY	_	e before od	mission)
b. CITY OR TOWN RURAL and give i	(If outside corporate limits, nearest town) Marion	write	c. LENGTH OF STAY IN 11 2 weeks	1	TOWN (IF o		ote limits, write R	URAL and g	ive nearest (lawn)
d. NAME OF HOSP OR INSTITUTION	Dorsey Nursi			d. STREET	ADDRESS Rural	MS -			0	RESIDENCE N A FARM?
B. NAME OF DECEASED (Type or print)	MATTIE MATTIE		Middle COOK	SOMER	S	4. DATE OF DEATH	Februar		Doy	Year 1958
Female	7.77 . 7 .	MARR	DIVORCED	Feb. 26			9. AGE (In years last bythdoy)		Days Hou	NDER 24 HRS
during mast of wor Housewif	rking life, even if refired)		kind of Business or ini wn home		PLACE (State				ZEN OF WE	AT COUNTR
3. FATHER'S NAME				14. MOTHER						
E MAS DECEASED EV	James Cool				Marth	a Cogg	-			
Yes. no. or unknown)	ER IN U. S. ARMED FORCE (If yes, give wor or dates of servi	2 16.		r. Wesle	y Dize	, Cris	sfield, h			
Canditians, if a gave rise to couse (o), stoting lying cause lost. PART II. OT	immediate (b)_ the under- (c)_	TIONS C	Orthing to DEATH B	UT NOT RELATED T	O THE TERMI	NAL DISEASE	CONDITION GIV	'EN IN PART	PEI	AS AUTOPSY RFORMED?
	AS UNDERLYING DE CAUSE OF PEATH (MEDICAL EXAMINER)	b. DESC	CRIBE HOW INJURY OCCUR	RED. (Enter noture	af injury in f	Port I at Part	II of item 1B.)	•	1.23	110
20c. TIME OF INJUI	RY Manth, Day, Year 19	While	VJURY OCCURRED 20e. Not while at wark	PLACE OF INJURY factory, street, office	(Home, farm ce bldg., etc.	20f. (City	or tawn)	(Ca	ounty)	(State
part part		195	2, and that dea	29, 19 <u>5</u> th occurred at	5-7.	M, from	eet, city ar tawn,	nd on th		
20. BURIAL, CREMATIC BEMOVAL Specify	22b. DATE THEREOF 2-24-58		Asbury Cemet				ON (City, tawn, c		(\$	State)
3. FUNERAL DIRECTOR	& Sons, Cris	sfie	ADDRESS 1d, Md.		24a. REC'I	BY REGISTR	AR 24b. REGIS	edue	/	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2423

CERTIFICATE OF DEATH

112412

A TE C	CERTIFIC	AIE OF DEATH	Reg. Dist. N	io.
1. PLACE OF DEATH O. COUNTY SOMERSET	MARYLAND	2. USUAL RESIDENCE (Where decoded live o. STATE Muny Land	ed. If institution: Residence be b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ourside corporate	Timits, write RURAL and give r	nearest fown)
d. NAME OF HOSPITAL (If not in hospital, give of INSTITUTION AT	treet oddress) 4 ME	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) WOLDOMAR	GUSTAVE	STARK 4. DATE OF DEATH	7 EB, 19	Doy Year 1958
1/10/15/1/2/1	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9.	AGE (In years lost birthdoy) S yrs. IF UNDER 1 YEA Months Days	AR IF UNDER 24 HRS. Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDL	ISTRY 11. BIRTHPLACE TO Foreign count	12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME	STARK	ALVINA CHRIST	TIVA KRI	IZA
15. WAS DECEASED EVER IN U. S. ARMED FORCES' Yes, no. or unknown (If yes, give wor or dates of service)		Caudia Star	Addless Ance	Quarter
18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		heart failure	I h	TERVAL SETWEEN NSET AND DEATH YEARS
Conditions, if ony, which gove rise to immediate (b)	Arteriesele	prosis heart disease		years
couse (o), stoting the under- lying couse lost. DUE TO (c)				
CATIC	ONS <u>CONTRIBUTING TO DEATH</u> BU	T NOT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO NO
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in Port I or Port II	of item 18.)	
Hour o. m.	20d. INJURY OCCURRED 20e. Pl While Not while for work of work	ACE OF INJURY (Home, form, 20f. (City or actory, street, office bldg., etc.)	town) (Count	y) (Slote)
21. I certify that I attended the de			, 19,that 1 last	
actual SIGNATURE Were T	and that death	accurred a 7.8.30PM. M, from the ADDRESS (Street	he causes and on the d t, city or town, stote)	date stated abave DATE SIGNER
PHYSICIAN'S NAME (Type) Everett C.Su	tter MD	Dames Quarter,	Maryland	
220. BURIAL, CREMATION 235 DATE THEREOF REMOVAL (Specify) TGL-/7-	918 Private	OR CREMATORY 220/LOCATION	V (City, town, or county) Wes Ouar	ER mal
23. FUNERAL DIRECTOR'S SIGNATURE	- Deal Isl	245, REC'D BY REGISTRAF		URE

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may be retained by the haspital or attending physician.

O FUNERAL

CTOR: After this certificate has been signed by the attending physician and campletely filled inc. page 3 should be detached far use as the burial-transit permit. Then please famore carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remaval, and in any event within 2 hours after death.

may be retou

VS A15 (4) 1SM 10/S7

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

197

ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 × 2408

CERTIFICATE OF DEATH

02413

						Keg. Dist.	. 140.
1. PLACE OF DEATH a. COUNTY	Somerset	MAR	YLAND 2. U	SUAL RESIDENCE (V. STATE Maryl	Vhere deceased lived. If b. C	institution: Residence OUNTY Somer	before admission)
RURAL and give	(If outside corporate limit nearest tawn) Cristield	Lifetime		Crist	outside carporate limits,	write RURAL and giv	ve nearest town)
d. NAME OF HOSP OR INSTITUTION	6 S. First		1	6 S.	First St.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ELEANCE ELEANCE			IOMAS	4. DATE OF DEATH Febr	Month	Day Year
S. SEX Female	6. COLOR OR RACE White	7. MARRIED NEVER MARR WIDOWED DIVORC		ober 11,	1884 9. AGE (II	h years IF UNDER 1 Hdoy) yrs.	YEAR IF UNDER 24 HRS. Days Haurs Min.
Housewi	itking life, even it refired)	Own home	OR INDUSTRY 1	1. BIRTHPLACE (Stor		12. CITIZ	EN OF WHAT COUNTRY
13. FATHER'S NAME	0		14.	MOTHER'S MAIDEN			
E WAS DECEASED BY	George Der		37 101001	Mary Ann	Butler		
No No	None	None 16. SOCIAL SECURITY No None None			mas, 6 S. 1	st., Cris	field, Md.
Conditions, if gave rise to cause (a), stating lying couse last	immediate DUE TO	1	ATH BUT NOT B	ELAVED TO THE TED			ONSET AND DEATH
ICAT							PERFORMED? YES NO
	Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY (IB.)	
20c. TIME OF INJU Haur a. m. p. m.	RY Manth, Day, Year	While Nat while at work at wark	20e. PLACE OI factory, s	F INJURY (Home, for treet, affice bldg., et	m, 20f. (City or town)	(Cod	unty) (State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	C. G. Raw	awley vley, M. D.	death accu	orred at 7:00	P.M. from the co ADDRESS (Street, city of Crisfield,	uses and an the fawn, stote) Md.	DATE SIGNE
23. FUNERAL DIRECTOR	2-24-58	St. Paul		ery	22d. LOCATION (City, Marion Sta	tion, Md.	(State)
	& Sons. Cri			24g. REC	D BY REGISTRAR 24	REGISTRAR'S SIGN	1

- Jean-01

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Muchal Co. Tayley Nr. D.

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revolt Medical examiner: this certificate shauld be executed within 24 hours after death. If any delay is necessary, please e	the	oj p	UNERAL CRECTOR: Page 3 shauld be used as a burial-transit permit. File pages, Fand 2 with the registrar prior to burial, gremati
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8 %				M	EDICA	L EXAMINE	R'S	CERTIFICAT	TE OF	DEATH	Reg. Dist. N	02414
remoti	FI		PLACE OF DEATH	<i>f</i> ₂	464	44 4 8 9 9	AND	2. USUAL RESIDENCE (V	_	sed lived. If Institu	rtian: Residence b	
4 7				f outside corporate limits, wr	ite BURAL	c. LENGTH OF STAY II		c. CITY OR TOWN (IF			PUPAL and aim	named town)
Pag			and give nearest town	1)	ne nenre	C. LENOTH OF STATE					KOKYT OHO BIAN	nediesi idwiij
2					(If not in hos	pital, give street address)	X Princes d. STREET ADDRESS	S AII	16		e, IS RESIDENC
prior	00	L										ON A FARM
or f			DECEASED		irst	Middle		Lost	4. DATE OF	Manth	n Do	y Year
r your				Lilli		Wallace		Thompson	DEATH	Feb.	I6	19 5%
of fo		5. 5	EX	6. COLOR OR RACE	7. MARRII	ED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years lost birthday)	Months Days	R IF UNDER 24 HR
in		_		white	WIDOWE	767	_	Jan, 7, 1901		57 yrs.	Monins Days	Hours Min.
		10a	USUAL OCCUPATION	ON (Give kind of working life, even if retired)	done 10b. I	CIND OF BUSINESS OR II	NDUSTI	Y 11. BIRTHPLACE (State	ar foreign	ountry)	12. CITIZEN	OF WHAT COUNTE
	1		none			none		Champ,	Mary	land	U.S	.A.
0 01	1	13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME			
S w &			Levin W	allace				Martha Cr	esme:	r		
age e				ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT	4	Address		
5 L			no	no			Mr	s. Marion	Vena	bles S	Salisbu	ry, Md.
Wit.				TH (Enter only one co	use per line	for (a), (b), and (c).]					INT	TERVAL BETWEEN
peri peri				TH WAS CAUSED BY:	Cer	ebral Vascu	lar	Accident				linutes
for			SICE	DUE TO								
with tro			Conditions, if a	ny, which) (b	Hyp	ertension					1	5 years
n'a			gave rise to imme	diote cause							7-1-1	
o o o			cause last.) (c				armin metro				
Office d as a	1	TION	PART II. OT	HER SIGNIFICANT CON	IDITIONS CO	ONTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART 1(o)	PERFORMED?
- 0		N S	20- EVTERNIAL CAL	ISE MAS	Ol Descense							YES NO-E
		ERTI	PRIMARY Or CO	NTRIBUTING	OD. DESCRIBE	HOW INJURY OCCUR	ED. (En	ter nature of injury in Port	1 or Part II	of item 18.)		
xan		AL C		RY Month, Day, Ye	ne 204 I	NJURY OCCURRED 20e	8146	C OF INITIAL III	1004 100		45	
dical E		MEDIC	Haur a. m. p. m.	19	While		facto	E OF INJURY (Home, form ry, street, office bldg., etc.	20f. (Cit)	or tawn)	(County)	(Stote)
Me			21. I certify ti	nat I took charge	e of the r	emains described	obov	e, held an Autopsy	/ [], 1	nspection X,	Inquiry [7	and find th
OR:						, Accident ,		ide [], Homicide		The second second		
CO				2.0/								
2 5 6			ACTUAL	HX Jrk	uso	n		M.D. CHIEF MEDICAL EX	AMINER [DATE SIGNED
7 -	i 2							ASSISTANT MEDICA	AL EXAMINE	R		2/18/58
ER/				R. H. John	son. M	.D.		DEPUTY MEDICAL E	XAMINER T	7		2/10/50
E S	0	22a	BURIAL, CREMATIC	N, 22b. DATE THERE		22c. NAME OF CEMETER	Y OR C			TION (City, tawn, o	or county)	(Stote)
The following with form part of the following in pending in pendin				2-T8-T9		St. Andre						
	8	_	FUNERAL DIRECTOR		لــــــــــــــــــــــــــــــــــــــ	ADDRESS	J WV	240. REC'S	BY REGIST	RAR 24b REGIS	TRAR'S SIGNATI	JRE
		17	ein	Wilso	Pr	incess An	ne.		FRZI	30 000	Theau.	-1
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ARYLAND STATE DEPARTMENT OF HEALTH-BRITTH OR DEATH.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	Somerset		M	ARYLAND	o. STATE	eryla		d lived. If institu b. COUNT			dmission)
RURAL ond give ne	Ewell		Lifet			TOWN (If or	utside corpo	rate limits, write	RURAL and g	ive nearest	town)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospitot, gi Smith Isla:		ress)		d. STREET	address mith	Island	i			RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Firs MIN	ERVA	EVAN		TYLER	st	4. DATE OF DEATH		ruary	Day 7	Year 19 58
5. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED [RRIED B	March 8		5	9. AGE (In year lost birthdoy) 72 yr:	Months	-	JNDER 24 HRS.
Housewi	ing life, even if retired)	At H		S OR INDUST		h Isla			U S		HAT COUNTRY
13. FATHER'S NAME	m 0	Manager 1			14. MOTHER'S						
15. WAS DECEASED EVER	Thomas C.		IAL SECURITY	NO 17 IN	TIBLE	y Brad	usnaw	A.J	dress		
	If yes, give war or dates of ser		LIAL SECURITY			Tyles	r, Ewe	11, Md.	dress		
	nmediate (co	Que	za T	مناهد	ve.	4				LI BETWEEN AND DEATH
lying couse lost.	(c).	m	Elni	the	ion					6v	45.
CATI	ER SIGNIFICANT COND		TRIBUTING TO	DEATH BUT N	NOT RELATED TO	THE TERMIN	VAL DISEAS	E CONDITION G	IVEN IN PART	PI	AS AUTOPSY ERFORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	POB. DESCRIB	E HOW INJURY	OCCURRED.	(Enter noture o	of injury in P	ort I or Port	I II of item 18.)			
20c. TIME OF INJURY Hour a.m. p. m.	Month, Doy, Year	While	Not while of work	20e. PLA	CE OF INJURY (pry, street, office	Home, farm, e bldg., etc.	20f. (City	ar town)	(Co	ounty)	(State)
21. I certify the olive on	at lattended the	deceased 1959		at death	occurred at	6:30A	M, fron	the causes treet, city or low	and on the	e date s	the decease tated abov DATE SIGNE
PHYSICIAN'S INAME (Type)	r. Barbara	Hunt,	M. D.		E	well,	Smitth	l Island	, Md.		
220. BURIAL, CREMATION BUTTAL Specify)	Feb. 9,19		Ewell C					ION (City, town, -Sm1th			(Stote)
23. FUNERAL DIRECTOR'S Bradsh	signature law & Sons	-Crisf	address ield, M	d.		240. REC'D	BY REGIST 1 8 '58	RAR 246. REG	ISTRAR'S SIGI	NATURE	
								1000	The contract of	-	

CERTIFICATE OF DEATH

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Feb. 9,1958 Fimil Cenatery

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falton



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY SOMERSE c. CITY OR TOWN Is outside corporate limits, write RURAL and give negrest town) . IS RESIDENCE ON A FARM? YES T NO P Month Day Year 1058 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost-birthdoy) Months Davs 12. CITIZEN OF WHAT COUNTRY? NE 1 5014 ISFIELA INTERVAL BETWEEN de PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (County) (Stote) 195 Shat I last saw the deceased and that death occurred at $\mathcal{I} = \mathcal{P}_{\mathcal{M}}$, from the causes and on the date stated above ADDRESS (Street, city or town, state) MARYLAND. 22d. LOCATION (City, town, or county) (Stote) 24b. REGISTRAR'S SIGNATURE

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BUREAU V. E.

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by may be VS A15 (4) 15M 10/57

Somerset Cristield

Female

Nc.

Sezfood Worker

Charles Dix

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Walers Feb.

Oct. 17, 1879 78

Stock For Md. 21.5, A. See Hester Tull

Velma Sterling-Range Cristick &

Burial Jeb 23,1888 Lawsonia Charles H. Ward Marion Sta., Ald. 235